	1	CLA	IMS AS C	:455 -								Tourser 1	,
٠ نتو	CLAIMS AS FILED - PART I										10 821,298		
<u>`</u> }	FC	R	. —		(Column 2)		SMALL ENTITY			OR .	OTH	ER THAI	
3	HASIC FEE		NUMBER	FILED	NUMBER EXTR	. 7				OR	SMAL	L ENTIT	
٠.	TOTAL COLOR				,	-	RATE	F	EΕ			1	
	(3) CFR 1.16(c))							5	. 7		RATE	FE	٠
	(37 CFR 1.16(b))						1x,25	_		OR		5	
	minus 3 - I									OR	x s 50.		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OR	x , 200	 .	
	If the difference in column 111							.		- I		 	
·	" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			OR +360			
	CLAIMS AS AMENDED - PART II									OR	TOTAL		
	l ·	(Column		ZO - PART	Ħ		•				·OIAC		
		٠.			٠								
	♥ 10 12	. CLAIM REMAIN	s Ing	(Colum	ST	_ (SMALL	ENTITY		OR	OTHER	THAN	
- 1	Total (3) CFR 1.160 WM Total (3) CFR 1.160 WM	AFTER AMENOM	2 .	PREVIOUS	R. PRESEN	r	RATE	1	7		SMALLE	NTITY	
٠ . ا	O (31 CFR 1.16)		Min	PAID FO	SLY EXTRA	-1.1		TIONAL		L	RATE	A00	
`	Z Independent)	_ 3'	. 6	7 1	× , 25 .	FEE	4		1	TIOUS	
- [.	(31 OFA 1.160		Minu	1 9	=	4 F		· .	_	3 Jx	.50	FET	
-	FIRST PRES	-1 1:	(100.		7	-	4	<u> </u>					
. [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s 180=		- 01	X	200.	1	
			/1	//)	1	7	OTAL		. OF	+5	360/		
. }-		(Colema)	/ [Column	. /.	. А	DOL LEE		OR	TO	TAL D'YFEE	$\overline{}$	
	8	REMAINING	.]	HIGHEST	(Column 3)	,				Ü) The C		
18	Z	AFTER AMENDMEN	1	HUMBER PREVIOUSL	PRESENT		RATE	ADDI:	7				d
1 3	Cor cear indel	1.	Z Minus	PAID FOR	Y SXTAN			TIONAL	1	6	MIE	ADDI	•
	E Total Total	0	<u> </u>	37	12	J	25.	FEE	1 .	1		FEE .	
1 2	<u> </u>		* Minus	1	(-)				OR	X S	50	7	
-	FIRST PHESEN		180=	•	OR	× s Z	m/	—].					
1			ATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										
i	•			, .		TO:	TAL D'L FEE		OR	1+3		1	
10		(Column 1)		(Column 2)	(Column 3)		, cree [OR	ATO7 J'OOA	FEE.		
	4	CLAIMS . REMAINING		HIGHEST	1						/ —		
1 2	· ·	AFTER AMENOMENT	1. 1	NUMBER PREVIOUSLY	PRESENT	F	ATE	AODI.			/		
Iĕ	Total (II CFR 1.16(c))	•	Minus	PAID FOR		1	r	IONAL		RAT	,	201	
Ī	Indépendent (11 OFA 1.16(b))					× s	25	FEE	- 1		F(MAL .	
AMENOMENT	1	<i></i>	Minus	•••	=				OR	x s 50	D ₌		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))						<u>∞</u> .	·	OR	× 520	Q		
1							8O.	7	OR				
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.										<u></u>			
	I the Highest N	umber Previously	Paid For I	n column 2, write Y THIS SPACE ::	"O" in column J.				OR	ADO'L F	EE	7 .	
This o	The "Highest Nur ollection of inform	umber Previously imber Previously nber Previously P	raid For the	THIS SPACE IS	less than 3, enter	er "20".	•						

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This oblection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user of the amount of time you require to complete dapplication form to the USPTO. Time will vary depending upon the individual case, any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO Ithis